	Inder the Paper	work Reduction A	.ct of 1995	. NO Dersons are	required to reco	and fo	U.S. Patent ar	Approve of Trademark	d for use Office; U.	through 7/31/200 S. DEPARTMEN isplays a valid O	PTO/SB/06 (12-4) 06. OMB 0651-00 IT OF COMMER(
L	P/	TENT APP	-10/11	ON FEE DI	E I EKIMINA	rioi	V RECOR	D ·	micoo ji u	isplays a valid O	MB control numb
APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY									Of	OTHER THAN SMALL ENTITY	
BĀ	FOR SIC FEE	NU	MBER FIL	ED N	UMBER EXTRA		RATE (\$)	FEE (\$		RATE (\$)	
(37 SE	CFR 1.16(a), (b), ( ARCH FEE CFR 1.16(k), (i), or					$\dashv$			7		
EΧ	AMINATION FE CFR 1.16(0), (p),	E				1	<b> </b>		$\dashv$	<b> </b>	
TO:	TAL CLAIMS CFR 1.16(I))		minu	s 20 = 4		7	x :	<del>- </del>	OR	X	=
(37	EPENDENT CL CFR 1.16(h))		*.	s3 = ·		7	× =		7 "		
FEE	PLICATION SIZE E CFR 1.16(s))	sheets is \$250 addition	of paper, (\$125 fo nat 50 sh	on and drawing the application from all entity) eets or fraction (1)(G) and 37 (	for each						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(J))											
• H (I	If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		]	TOTAL	
T A	11/2/05	(Column 1)  CLAIMS REMAINING AFTER AMENDMENT		(Column 2 HIGHEST NUMBER PREVIOUSL	(Column 3)	] [	SMALL RATE (\$)	ADDI- TIONAL	OR		R THAN ENTITY ADDI- TIONAL
AMENDMENT		) Fee (37 CFR 1.		PAID FOR	=		×25 =	FEE (\$)	OR OR	×50 = ×200	FEE (\$)
2,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37.CFR 1.16(j))							/	OR OR	TOTAL ADD'L FEE	/
	<u> </u>	(Column 1)	<del>,</del>	(Column 2)	(Column 3)						·
B L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
틹	Total (37 CFR 1.16(1))	·	Minus		2		x =		OR.	X =	1 22 (4)
الت	Independent (37 CFR 1.16(h))	-	Minus	***	=		x =		OR:	X =	
	Application Size Fee (37 CFR 1.16(s))  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(ii))					F		•			
	FIRST PRESENTA	CHON OF MULTIPL	E DEPENDE	ENT CLAIM (37 C	L	TOTAL		OR			
• 1	* If the entry in column 1 is less than the entry in column 2, write *0" in column 3.							:	OR	TOTAL ADD'L FEE	
••• [	ii the "Highest N f the "Highest N	umber Previously umber Previously umber Previously	Paid For" Paid For"	IN THIS SPACE	is less than 20,	enter	r#	he appropriate	e box in a	·	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.